

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/019773** FILING DATE _____
APPLICANT(S) _____

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2		1			
4	4		1			
5	1		1			
6	1		1			
7	1		1			
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TOTAL D.			1			
TOTAL P.			12			
TOTAL AIMS			13			

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